Department of Health & Social Care

From Rt. Hon Andrew Stephenson CBE MP

Minister of State for Health and Secondary Care

Steve Brine MP

Chair of the Health and Social Care Select Committee

Wednesday 15th May 2024

Dear Steve,

Patient Choice Expansion Pilots Announcement

The Prime Minister has made a personal commitment to expand choice across the NHS in England, as parts of efforts to empower patients and cut waiting lists. Tomorrow we will be taking this further, announcing a series of new pilots to give patients choice of where they receive out of hospital care.

Under the proposals, patients requiring routine treatment outside of hospitals will be able to choose between multiple services across the NHS and independent sector. To ensure we are maximising local value, NHSE will invite Integrated Care Boards ICBs to submit proposals to pilot choice in services that best suit the needs of their local populations. Services that could be piloted by ICSs could include endoscopy, nutrition and podiatry. A full table of potential services is set out in Annex A.

The announcement builds upon the existing legal right to choose a provider for in-hospital (consultant-led) care at the point of referral. Last summer the NHS offered the longest waiting patients the opportunity to choose an alternative provider and improving the information made available to patients at the point of referral. We have since seen strong progress in reducing the waiting list, with a fall of almost 200,000 since September.

Once pilots are underway, patients - where clinically appropriate - will be able to choose which provider is best for them that might include high street providers or the independent sector - the treatment will of course always be free of charge.

Alongside announcing these pilots. We will announce that NHSE will be accepting Andrew Taylor's (Chair of the Independent Patient Choice & Procurement Panel) recommendations in full. The recommendations aim to remove barriers to exercising choice, including by publishing more data on choice and appointment bookings. The recommendations are set out in Annex B.

Yours sincerely,

THE RT HON ANDREW STEPHENSON CBE MP

MINISTER OF STATE

Annex A

Services which could be piloted include:
• Mental health services • Hearing aid care • Endoscopy • Dietetics and nutrition • Ambulatory ECG (heart activity) • Podiatry • Occupational therapy • Orthoptics (defects in eye movement) • Prosthetics

Annex B

The four recommendations, and their underlying rationale, are as follows:
• Recommendation 1: NHS England to monitor and regularly publish data, by ICB and specialty, on the number of eRS appointments made available to NHS patients but not used. This would provide information for patients and GPs about services where patients may be able to access care more quickly. Also, identifying those regions where capacity is going unused could help prompt local-level discussions about whether there are local constraints on choice that could be addressed. • Recommendation 2: Referral Assessment Services, and other interface services, to publish data regularly on the number of onward referrals to each provider, by specialty. This information will let RASs demonstrate that onward referrals are not being channelled to providers. In doing so, it will build providers' confidence in the patient choice system and help underpin further investment in treatment capacity. • Recommendation 3: Referral Assessment Services, and other interface services, to provide all local providers with access to their policies, procedures, information and systems used to manage onward referrals. These arrangements will let local providers understand how RASs manage onward referrals and help facilitate local discussions aimed at identifying improvements that could be made to further enable patient choice. • Recommendation 4: The Panel's remit be expanded to include advising on all provider complaints about restrictions on patient choice (where such complaints cannot be promptly resolved by NHS England's national choice team). This will strengthen existing mechanisms for addressing local constraints on patient choice by providing an independent oversight mechanism and will allow the Panel to consider representations from providers about all constraints on patient choice not just those related to provider accreditation.